



MEMBERSHIP APPLICATION

I am a new member of the Horry County Bar Association _____

I am a previous member of the Horry County Bar Association _____

* All Fields required

NAME: _____

EMAIL: _____

TELEPHONE: _____ **FAX:** _____

FIRM NAME: _____

STREET: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

AMOUNT ENCLOSED: _____

Please return this form along with your check in the amount of \$ 150.00** payable to the Horry County Bar Association to Post Office Box 70722, Myrtle Beach, SC 29578.

** Dues are \$50.00 per year for attorneys employed with Municipalities, the Solicitor's Office, the Public Defender's Office, and Government attorneys.

Please email info@horrybar.org if you have any questions.